

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION**

IN RE: NEOMEDIC
PELVIC REPAIR SYSTEM
PRODUCTS LIABILITY LITIGATION

MDL No. 2511

THIS DOCUMENT RELATES TO ALL CASES

**PRETRIAL ORDER # 22
(ORDER ESTABLISHING REPORTING ON PAYMENT TO THE MDL 2511 FUND)**

Pursuant to Pretrial Order # 21, Neomedic, Inc¹ is required to pay into the MDL 2511 Fund, five percent (5%) of any sum to be paid in settlement of a claim. It is **ORDERED** that Neomedic, Inc. follow the mechanism set forth below for reporting all payments made into the MDL 2511 Fund to the Court.

No later than April 30, 2016, Neomedic, Inc. shall provide the Court with a report (“MDL Fund Report”) on all payments made into the MDL 2511 Fund by or on behalf of Neomedic, Inc. through March 31, 2016. Thereafter, within thirty (30) calendar days of the end of each quarter, Neomedic, Inc. shall provide the Court with an MDL Fund Report on all payments made into the MDL 2511 Fund by or on behalf of Neomedic, Inc. during the preceding quarter (*e.g.*, by July 31, 2016, Neomedic, Inc. shall provide a report on all payments from April 1, 2016, through June 30, 2016). Such MDL Fund Reports shall be submitted to the court via email and maintained by the Court in chambers for in camera review and reconciliation with the amounts received by the MDL 2511 Fund. The MDL Fund Reports will not be filed or kept in the Court Clerk’s office.

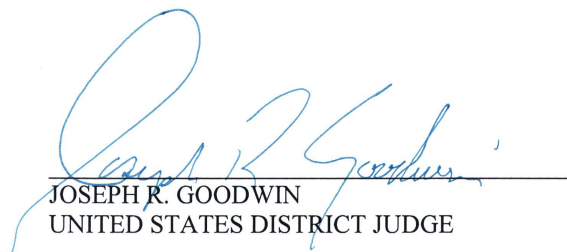
A template form MDL Fund Report is attached hereto as Exhibit A. In addition, template

¹ The term Neomedic, Inc. shall include the following companies Desarrollo e Investigacion Medica Aragonesa, S.L., Neomedic International, S.L., Neomedic, Inc., Specialties Remeex International, S.L.

forms for use as an exhibit to attach to the MDL Fund Reports are attached hereto as Exhibit B. For each payment made into the MDL 2511 Fund by or on behalf of Neomedic, Inc., the MDL Fund Report shall set forth in a form substantially similar to Exhibit A, (1) the date of the payment to the MDL 2511 Fund; (2) the amount of the payment to the MDL 2511 Fund; (3) a wire confirmation number or other proof of payment; (4) the total number of claims for which the payment to the MDL 2511 Fund was made; (5) the cumulative total amount to be paid in settlement of the claims; (6) the amount of each payment to the MDL 2511 Fund; (7) the name and other identifying information for each claimant on whose behalf the payment was made; (8) and the attorney or law firm representing each such claimant.

The court **DIRECTS** the Clerk to file a copy of this order in 2:14-md-2511 and it shall apply to each member related case previously transferred to, removed to, or filed in this district, which includes counsel in all member cases up to and including civil action number 2:15-cv-14933. In cases subsequently filed in this district, a copy of the most recent pretrial order will be provided by the Clerk to counsel appearing in each new action at the time of filing of the complaint. In cases subsequently removed or transferred to this court, a copy of the most recent pretrial order will be provided by the Clerk to counsel appearing in each new action upon removal or transfer. It shall be the responsibility of the parties to review and abide by all pretrial orders previously entered by the court. The orders may be accessed through the CM/ECF system or the court's website at www.wvsc.uscourts.gov.

ENTER: January 15, 2016


JOSEPH R. GOODWIN
UNITED STATES DISTRICT JUDGE

Lead Counsel for Neomedic, Inc.

Dated: _____

EXHIBIT B

| | |
|---------------------------------------|---|
| Settlement | [INSERT FIRM NAME] |
| Total Number of Claims | [INSERT TOTAL NUMBER OF CLAIMS] |
| Total Settlement Amount | [INSERT CUMULATIVE TOTAL SETTLEMENT AMOUNT] |
| Amount Paid to MDL 2511 Fund | [INSERT CUMULATIVE AMOUNT PAID TO MDL 2511 FUND] |
| Date of Payment to MDL 2511 Fund | [INSERT PAYMENT DATE] |
| Wire Confirmation or Proof of Payment | [INSERT WIRE CONFIRMATION # OR ATTACH OTHER PROOF OF PAYMENT] |

| Settlement Firm | Claimant Data | | | |
|-------------------------------|----------------------|---------------|-----------|------------|
| Associated Counsel / Attorney | AMS Claim # | SSN | Last Name | First Name |
| | | ###-##-[XXXX] | | |
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